

May 22, 2020

Outpatient Services: Clinic Visits, Diagnostic Imaging, and Limited Outpatient Surgeries and Procedures – IMMEDIATELY AS OF MAY 22, 2020.

1. Outpatient clinic visits and diagnostic imaging

Outpatient clinic visits and diagnostic imaging can resume immediately if providers adhere to the following Mitigation Requirements. Patients must be confident that the environment where they will receive care is safe.

This guidance applies to licensed health care providers under Title 26 of the Vermont Statutes Annotated. It excludes dentistry and dental hygiene practice, which will be subject to sector-specific guidance.

MITIGATION REQUIREMENTS

Providers must demonstrate that they are adhering to social distancing and relevant Vermont Department of Health and the Centers for Disease Control and Prevent (CDC) guidelines regarding infection control and prevention to maintain a safe environment for patients and staff.¹ Providers shall take precautions described below when providing care in the hospital, facility, and clinical settings.

While the Mitigation Requirements are categorized as Low, Medium and High Risk, and examples are given by license type, it is the obligation of the provider to determine the risk category their practice occupies. In addition, if a provider performs a procedure that has a greater opportunity for infection, that provider must apply appropriate mitigation methods. For example, licensed midwives may apply Low Hazard requirements when meeting with clients, but would apply the High Hazards standard for an actual birth. When in doubt, the provider shall apply the more stringent requirements.

Low Hazard

This includes care provided without physical contact (e.g., Licensed Alcohol & Drug Abuse Counselors, Allied Mental Health, Dietitians, Pharmacists, Psychoanalysts, Psychologists, Social Workers, and Nursing Home Administrators).

- When possible, providers shall continue to offer alternative care delivery models, including telemedicine.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- All patients and patient companions must wear mouth and nose coverings (provided by the patient or by the practice) when in public areas.
- Patient companions are permitted only if required for direct patient assistance.
- Waiting room chairs must be spaced at a minimum of 6 feet to ensure CDC-recommended social distancing.²
- Providers must have written procedures for disinfecting all common areas and treatment rooms. Such procedures must be consistent with CDC guidelines.³
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors, and staff.
- Providers shall comply with current and future guidance issued by the Commissioner of Health and relevant licensing boards.
- All plans and processes required by this guidance must be maintained by the provider and be made immediately available to the State upon request.

Medium Hazard

This includes care provided with physical contact, but that may not necessarily expose a patient, provider or staff to virus-containing effluvia, e.g. Acupuncturists, Chiropractic, Applied Behavior Analysts, Midwives, Occupational Therapists, Physical Therapists, Radiologic Technology, Opticians, Optometrists.

- **Screening:** Adopt a written process to screen all providers, staff, patients and essential visitors for COVID-related symptoms prior to entering facility. Symptomatic providers, staff and visitors should be excluded from the facility and referred to their primary care providers for assessment and testing as appropriate.
- Personal Protective Equipment (PPE) and supplies must be worn to ensure staff and patient safety. Providers must adhere to CDC's Standard and Transmission-Based Precautions.⁴
- All patients (as care allows) and patient companions must wear mouth and nose coverings (provided by the patient or by the practice) when in public areas or in treatment rooms.

² <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

³ <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

⁴ <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced at a minimum of 6 feet to ensure CDC-recommended social distancing.⁵
- Providers must have written procedures for disinfection of all common areas. Such procedures must be consistent with CDC guidelines.⁶
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors and staff.
- Providers shall continue to offer alternative care delivery models, including telemedicine, when appropriate.
- Providers shall comply with current and future guidance issued by the Commissioner of Health and relevant licensing boards.
- All plans and processes required by this guidance must be maintained by the provider and be made immediately available to the State upon request.

High Hazard

This includes care that is likely to expose a patient, provider, and staff to COVID-19, e.g. Physicians, Physician Assistants, Nurses, Naturopaths, and Doctors of Osteopathy.

- **Screening of Staff and Visitors:** Adopt a written process to screen all providers, staff, patients and essential visitors for COVID-related symptoms prior to entering facility. Symptomatic providers, staff and visitors should be excluded from the facility and referred to their primary care providers for assessment and testing as appropriate.
- **Testing of Providers:** Adopt a written a plan for the periodic PCR testing of health care providers and staff. The plan shall include: 1) who is to be tested; 2) the laboratory to which specimens will be sent 3) frequency;⁷ and 4) plan for return to work for those who test positive for COVID-19.⁸

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

⁶ <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

⁷ Testing intervals should be determined by the practice and based on transmission risk associated with procedures.

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

- Personal Protective Equipment (PPE) and supplies must be worn to ensure staff and patient safety. This may require surgical, N95, KN95, or other equivalent masks and eye-protection goggles or face shields. Providers must adhere to CDC's Standard and Transmission-Based Precautions.⁹
- All patients and patient companions must wear mouth and nose coverings (provided by the patient or by the practice) when in public areas.
- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced at a minimum of 6 feet to ensure CDC-recommended social distancing.¹⁰
- Providers must have written procedures for disinfecting all common areas. Such procedures must be consistent with state and CDC guidelines.¹¹
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors and staff.
- Providers shall continue to offer alternative care delivery models, including telemedicine, when appropriate.
- Providers shall reevaluate and reassess policies and procedures consistent with guidance set forth by the CDC and the Health Department.
- Providers shall comply with current and future guidance issued by the Commissioner of Health and relevant licensing boards.
- All plans and processes required by this guidance must be maintained by the provider and be made immediately available to the State upon request.
- Any procedure that produces respiratory aerosols, such as respiratory therapy, must utilize all reasonable available measures to prevent disease transmission.

⁹ <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

¹¹ <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

2. Outpatient surgeries and procedures

Providers may also begin to perform outpatient surgeries and procedures that have a minimal impact on inpatient hospital bed capacity and PPE levels, including those performed in the office or ambulatory surgical center setting. In the case of outpatient surgeries and procedures, providers should adhere to the Mitigation Requirements described above and put into place the additional measures described below:

- **Screening:** A process must be in place to screen patients for COVID-19-related symptoms prior to all scheduled procedures (by phone, online, or in-person).
- **Testing:** COVID-19 testing is required for procedures requiring airway management, or with patients with an ASA of 3 or 4. Testing should be done between 24 and 96 hours prior to the procedure. Providers must ensure that patients self-quarantine between testing and procedure. Providers may exempt patients based on the availability of tests and due risks of complications to the patients based on medical judgment.¹²
- **Available Personal Protection Equipment:** Each outpatient clinic will be responsible to ensure that it has adequate supplies of PPE, through its own suppliers, to comply with these and future guidelines. Providers will not rely on State sources or State supply chain for PPE.
- **Testing Results:** Results of the test should be communicated to the patient prior to arrival at the facility for the outpatient surgery. If a patient tests positive for SARS-CoV-2, a provider or facility, at their discretion, may postpone a procedure or take all necessary measures to prevent transmission.

SUSPENSION OF OPERATIONS

If the Vermont Department of Health has determined that a COVID-19 outbreak has occurred and providers cannot safely care for Vermonters in a way that (1) limits the exposure of patients and staff to COVID-19; (2) preserves PPE and ventilators; and (3) preserves inpatient hospital capacity, it will notify and require all providers in the region to return to the standards set out in the executive order issued on March 20, 2020. Depending on the severity of the outbreak, the Vermont Department of Health may require all Vermont providers to adhere to issued guidance.

¹² Such conditions include, but are not limited to, nasal polyps (epistaxis), chronic sinusitis (epistaxis), neutropenia (translocation of bacteria) and thrombocytopenia (epistaxis).